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APPLICANTS									
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This applic which is a which clain ** FOREIGN APF	cation CON ns bei	A ************************************	2 03/22/2 998 PAT 22/1997 №01	6,228,863	27,635				
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged Questions Allowance Examiner's Signature Note the property of the priority of the prio			EW)	STATE OR COUNTRY CT	DRAWING CLA		TOTA CLAII 11	MS	INDEPENDENT CLAIMS 1
ADDRESS DAVIDSON, DAV 14th Floor 485 Seventh Ave New York , NY 10018		ON & KAPPEL, LLC							
TITLE Method of preven	nting a	abuse of opioid dosage	forms						
							Fees		
						□ 1.1	6 Fees (Filing	1)
FILING FEE	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT					1.17 Fees (Processing Ext. of time)			